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Under the Paperwork Reduction Act	of 1995, no person are re	equired to	respond to a collectio				B control number
Effective on 12/0	Complete if Known Application Number 10/500,074-Conf. #5329						
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).  FEE TRANSMITTAL  For FY 2008			Application Number				
			Filing Date		June 25, 2004		
			First Named Inventor  Examiner Name		Kazuaki SAKAKI J. P. Sheehan		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		1793			
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.		0171-1120PUS	<del> </del>		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND	EXAMINATION FE	ES					
F	FILING FEES	SE	ARCH FEES	EXAMIN	NATION FEES		
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 31		510	255	210	105	1003	1 44 (4)
Design 210		100	50	130	65		
Plant 21		310	155	160	80		
Reissue 310		510	255	620	310		
Provisional 210		0	0	020	0		
2. EXCESS CLAIM FEES	, 105	v	v	U	U		Small Entity
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Rei	ssues)					50	25
Each independent claim over 3 (in	luding Reissues)					210	105
Multiple dependent claims						370	185
Total Claims Extra Claims Fee (\$) Fee P			Paid (\$)	Multiple Dependent Claims			
x =				Fe	e (\$) F	ee Paid (	<u>(\$)</u>
HP = highest number of total claims paid t	or, if greater than 20.						
Indep. Claims Extra Claims	Fee (\$)	Fee F	aid (\$)				
44=	× = _						
HP = highest number of Independent clain	is paid for, if greater that	n 3.					
3. APPLICATION SIZE FEE	1100 -1						
If the specification and drawings listings under 37 CFR 1.52(e))							in
sheets or fraction thereof. See				or sinari ci	inity) for cach ac	uxuonai .	, 0
<u>Total Sheets</u> <u>Extra She</u>		•		tion thereo	f <u>Fee (\$)</u>	Fee	Paid (\$)
- 100 =			(round up to a who			1-	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							20.00
SUBMITTED BY			<del></del>			-	
Signature /	mal		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 20	5-8000
11/1/0400	w lr/ 7/	l	(Automey/Agent)	~-,•,,			
Name (Print/Type) Gerald M. Murpi	19, 31				Date MA	<u> </u>	2008